

APPROVAL OF CONSENT AGENDA

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers

FROM/PHONE: Joseph Montopoli, Fire Chief/EMC / 954-797-1842

PREPARED BY: Frank Suriano, Assistant Chief / 954-797-1843

SUBJECT: Resolution

AFFECTED DISTRICT: All Districts

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: PURCHASE - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE PURCHASE OF DIESEL EXHAUST REMOVAL SYSTEMS FROM WARD DIESEL FILTER SYSTEMS THROUGH A GRANT RECEIVED FROM THE U.S. DEPARTMENT OF HOMELAND SECURITY, 2007 ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM (\$169,760).

REPORT IN BRIEF: On July 26, 2007 the Town Council approved R-2007-195 which authorized the Fire Rescue Department to apply for a matching grant from the U. S. Department of Homeland Security, 2007 Assistance to Firefighters matching grant program. The U.S. Department of Homeland Security administers the Assistance to Firefighters Grant Program to support projects that improve firefighter health and safety and enhance the ability of fire departments to protect the public from fire related hazards.

Davie Fire Rescue applied for and was awarded the \$169,760 grant to purchase twenty (20) Diesel Exhaust Removal System for emergency vehicles. The diesel exhaust filters will extract toxic particles from the exhaust system thereby negating the possibility of exhaust fumes from entering the fire station bays, sleeping quarters, and living areas of our firefighters. The grant program requires a 80/20% share of the total costs. The Federal share is \$135,808 and the Town's share of \$33,952 match from the Fire Protective Services/Capital Outlay Account. The department recommends the purchase from Ward Diesel Filter Systems as a sole source provider in the amount of \$169,760.

PREVIOUS ACTIONS: R-2007-195

CONCURRENCES:

FISCAL IMPACT: not applicable

Has request been budgeted? Yes

If yes, expected cost: \$169,760.00

Account Name: Capital Outlay/Grant Expenses Account No. 001-0620-522-64-05 in the amount of \$135,808 and Fire Protection Services/Capital Outlay Account No. 001-0620-522-64-00 in the amount of \$33,952.

If no, amount needed: \$

What account will funds be appropriated from:

Additional Comments:

RECOMMENDATION(S): Motion to approve this resolution

Attachment(s): Resolution, Sole Source Letter

RESOLUTION_____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE PURCHASE OF DIESEL EXHAUST REMOVAL SYSTEMS FROM WARD DIESEL FILTER SYSTEMS THROUGH A GRANT RECEIVED FROM THE U.S. DEPARTMENT OF HOMELAND SECURITY, 2007 ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM (\$169,760).

WHEREAS, the Town of Davie Fire Rescue identified a need to reduce exhaust emissions from emergency vehicles to improve firefighter health and safety; and

WHEREAS, The Town Council authorized application and acceptance of the Diesel Exhaust Removal System grant from the U.S. Department of Homeland Security, 2007 Assistance to Firefighters Grant program on July 26, 2007, Resolution R-2007-195; and

WHEREAS, The Town of Davie Fire Rescue Department was awarded grant funds on February 22, 2008 to purchase twenty (20) Diesel Exhaust Removal Systems that will be installed on emergency vehicles; and

WHEREAS, Ward Diesel Filter Systems is the sole source provider of the equipment.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council of the Town of Davie hereby authorizes the Town Administrator or designee to purchase twenty (20) Diesel Exhaust Removal Systems from Ward Diesel Filter Systems (a sole source provider) with grant funds awarded by the U.S. Department of Homeland Security, 2007 Assistance to Firefighters Grant Program in the amount of \$135,808, and providing \$33,952 in matching funds.

SECTION 2. The Town Council hereby authorizes the transfer of \$33,952 from Fire Operating Expenses – Protective Fire Equipment Account No. 001-0601-522-04-06 to Fire Protection Services/Capital Outlay Account No. 001-0620-522-64-00.

SECTION 3. The Town Council authorizes the expenditure from the Fire Rescue Departments - Capital Outlay/Grant Expenses Account No. 001-0620-522-64-05 in the

amount of \$135,808 and Fire Protection Services/Capital Outlay Account No. 001-0620-522-64-00 in the amount of \$33,952.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS ____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER
ATTEST:

TOWN CLERK

APPROVED THIS ____ DAY OF _____, 2008

WARD DIESEL FILTER SYSTEMS

133 Philo Road West
Elmira, NY 14903
Phone: 800-845-4665
Fax: 607-739-7092
www.warddiesel.com

March 5, 2008

Davie Fire Rescue
6901 Orange Drive
Ft. Lauderdale FL 33314

Attention: Bruce MacNeil, Support Service Manager

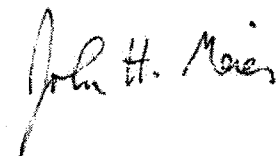
Dear Bruce:

Ward Diesel Filter is the "sole manufacturer" and "sole distributor" of the "PATENTED" "NO SMOKE" diesel filtration system granted by the United States Government pursuant to Patent Number 4,803,838. No other company or individual has been licensed to manufacture or market an identical or similar system. Installation of the system(s) is completed by Ward Diesel service technician(s) on all new installations at the manufacturer facilities. As a retrofit assembly, the installation is completed at the fire department.

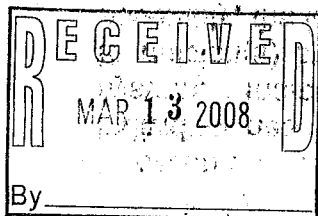
If you have any additional questions, do not hesitate to contact me.

Very truly yours,

WARD DIESEL FILTER SYSTEMS



John H. Meier
President



WARD DIESEL FILTER

NO SMOKE

PATENTED

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)

Meier Diesel Filters

Business name, if different from above

Ward Diesel Filter Systems

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other

☐ Exempt from backup
withholding

Address (number, street, and apt. if suite no.)

133 Philo Road West

City, state, and ZIP code

Elmira, NY 14903

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. (The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

____ + ____ + ____ + ____ + ____ + ____

or

Employer identification number

16-15781274

Part II Certification

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Jessica Ketter

Date

3/6/08

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Ward Diesel Filter Systems

133 Philo Road West
 Elmira, NY 14903
 Phone: 800-845-4665
 Fax: 607-739-7092

Quotation

Date: March 5, 2008
Quotation #: 5352R5

Bill To:
 Davie Fire Rescue
 6901 Orange Drive
 Davie, FL 33314

Quotation valid until: June 3, 2008
Prepared by: JY

Attention: Bruce MacNeil

ITEM NO.	DESCRIPTION	UNIT PRICE	QUANTITY
20	NO SMOKE diesel exhaust removal system, installed, excluding taxes*	\$8,488.00	\$169,760.00
	*One time special pricing given to Davie Fire Rescue		
	<u>Warranty:</u> One (1) year.		
	<u>End User:</u> Davie Fire Rescue		
	<u>Installation Site:</u> Davie Fire Rescue, Davie, FL		
	<u>Terms:</u> Net upon completion		
	<u>Notes:</u> Proposal does not include bid and/or performance bond cost.		
	Filter regeneration is \$195.00 each, plus shipping.		
			\$169,760.00

Laurie J. Miller

**Town of Davie
Vendor/Bidder Disclosure**

I, Lisa Shedden, being first duly sworn state that:

The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:	<u>Ward Diesel Filter Systems</u>
Address:	<u>133 Philo Road West</u>
	<u>Elmira NY 14903</u>
FEIN	<u>16-1578274</u>
State and date of incorporation	<u>New York</u>

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>John Meier</u>	<u>9 Longmeadow Dr, Elmira NY 14905</u>	<u>100 %</u>
<u>President</u>		<u>%</u>
		<u>%</u>
		<u>%</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, material men, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

By:

Lisa Shedden

Signature of Affiant

Date: 03/06/08

Lisa Shedden

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 6th day of

March 2008 by Lisa Shedden, he/she is

personally known to me or has presented License as
identification.

Karen L. Hughson
Notary Public, State of ~~Florida~~ at Large
New York

Print or Stamp of Notary

Serial Number

My Commission Expires: 1/10/2010

KAREN L. HUGHSON
Notary Public State of New York
Chenango County No. 01HU0022923
Commission Expires 1/10/2010



**TOWN OF DAVIE
INTEROFFICE MEMORANDUM
FIRE RESCUE DEPARTMENT**

DATE: MARCH 6, 2008

REF#:

TO: ELENA BLACKISTON, BUYER

FROM: BRUCE MACNEIL, SUPPORT SERVICES MANAGER

THROUGH: JOSEPH MONTOPOLI, FIRE CHIEF

SUBJECT: Ward Diesel Exhaust System

Attachment: X YES NO

Per Resolution R-2007-195 the Davie Fire Rescue Department is seeking to purchase twenty diesel exhausts system filters. The diesel filters will be mounted on the entire Davie Fire Rescue Departments diesel powered emergency vehicles exhaust pipes. The filters will extract toxic particles at the exhaust pipe thereby negating the possibility of exhaust fumes from entering the bays, sleeping quarters and living areas of our firefighters.

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<u>ACCOUNT NUMBER</u>	<u>BUDGET ITEM & DESCRIPTION</u>	<u>APPROXIMATE COST</u>
001-0620-522-6405	Capital Outlay/Grant Expense	\$135,808
001-0620-522-6400	Protective Services/Capital Outlay	\$ 33,952

METHOD OF PROCUREMENT (check the one that applies)

☐ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☒ Sole Source
☐ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____

Department Head:

Have Funds been Reserved _____

Date _____ Signed _____

Signed _____

Town Administrator

BIDS SUBMITTED

<u>VENDOR</u>	<u>COST</u>
Ward Diesel Filter Systems	\$169,760

Signed _____

Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

<u>Vendor</u>	<u>Cost</u>
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